

EVIDENCE OF TRANSFER OF CLAIM

TO: Clerk, United States Bankruptcy Court, Southern District of New York

AND TO: JPMorgan Chase Bank, N.A.

JPMorgan Chase Bank, N.A., a national banking association, having offices located at Mail Code: NYI-E191, 4 New York Plaza, Floor 16, New York, New York 10004 ("**Assignor**"), for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged and pursuant to the terms of an Assignment of Claim agreement dated as of the date hereof, does hereby certify that it has unconditionally and irrevocably sold, transferred and assigned to **Caspian Focused Credit L Fund, L.P.**, with offices located at 300 Mamaroneck Avenue, Harrison, NY 10528 ("**Assignee**"), all right, title and interest in and to the claims of Assignor against LEHMAN BROTHERS SPECIAL FINANCING INC. (and its affiliates) in the amount of \$4,947,200.30, docketed as Claim No. 11409 (the "**Claim**") in the United States Bankruptcy Court, Southern District of New York, Case No. 08-13888 (JMP) (jointly administered under Case No. 08-13555 (JMP)).

Assignor hereby waives any notice or hearing requirements imposed by Rule 3001 of the Federal Rules of Bankruptcy Procedure, and stipulates that an order may be entered recognizing this transfer and sale of the Claim as an unconditional assignment and sale and Assignee herein as the valid owner of the Claim. You are hereby requested to make all future payments and distributions, and to give all notices and other communications, in respect to the Claim to Assignee.

IN WITNESS WHEREOF, dated as of the 16th day of March, 2012.

JPMORGAN CHASE BANK, N.A.

WITNESS:

(Signature)

Name: _____
Title: _____
(Print name and title of witness)

By: 
(Signature of authorized corporate officer)

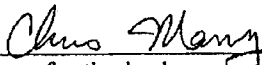
Name: Peter Schoepe
Title: Authorized Signatory
Tel.: _____

WITNESS:

(Signature)

Name: _____
Title: _____
(Print name and title of witness)

Caspian Focused Credit L Fund, L.P.

By: 
(Signature of authorized corporate officer)

Name: Chris Manz
Title: AUTHORIZED SIGNATORY
Tel.: _____